Improving Care and the Experience of Work through Labor-Management Partnership and Unit Based Teams

UMass Memorial Health Care (UMMHC) is a 1000+ bed academic medical system in Central Massachusetts

- One of three safety net hospital systems in MA
- · Largest employer in the region
- Committed to becoming the best place to give care and the best place to get care

Who are we? SHARE is the largest union at UMMHC



- Formed in 1997, affiliated with AFSCME
- Represents 3000+ nursing support, mental health, clerical and technical members
- Organized around the values of solidarity and voice taking care of each other and participating in decisions at work

We have a shared set of problems and a common interest in solving them:

- Disengaged workforce that resists improvements that are done to them
- Poor patient experience in many areas
- Strained labor management relationships
- Unreliable processes/inconsistent outcomes
- We formed a **Labor Management Partnership** in 2016 with goals to:
- Bring "frontline SHARE employees into the job of improving the work as respected partners"

Why Partnership?

Create "a culture where all employees treat each other with kindness and respect"

Unit Based Teams (UBTs) are the centerpiece of our Partnership:

- Pioneered in healthcare by the Kaiser Permanente Labor Management Partnership
- Aim is to create an invigorating work culture, make partnership real at the frontline, and organize a bottom up social movement for improvement

Workers want more than good jobs, a decent standard of living, and work security. They want their work lives to have meaning. They want the work that they do to matter, both to the institution and to society. They want to create workplaces where every individual is respected. On the other hand, workers and their union must understand the whole enterprise, and be as committed to its success as a business as they are committed to its mission to provide quality patient care.

-from the SHARE/UMMHC Contract preamble





Co-leads Pete and Sue

Co-sponsors Deb and Roland

We test for **consensus** by asking 3 questions:

- .. Has everyone been heard?
- 2. Can everyone live with this decision?
- 3. Will everyone actively support this decision outside this room?

What is a Unit Based Team?

A UBT is a vehicle for process improvement and leadership development:

Labor cosponsor Mgmt cosponsor

Clinician

co-lead

UBT Committee

- Model the Partnership to co-leads and UBT
 - Align UBT aims with organizational priorities
- Are drawn from union staff and director level
- Coach

Mgmt

co-lead

- Support UBT development
- Train co-leads & co-sponsors in UBT model
- Encourage behaviors consistent with model
- Advise on Lean problem-solving methodologies
- Governed equally by co-leads
- · Facilitate UBT Committee meetings
 - Manager role evolves from directing to coaching, mentoring and leading the team
- Includes representatives from all shifts/roles
- Selects most important problems to work on
- Tests ideas & measures results
- Decisions made through consensus (see box)
- UBT
- Includes all department staff
 - Staff role grows to include improving the work and managing work processes with the team

But are they making a difference?

After getting trained, UBTs identified and addressed their biggest pain points, working up to a pace of taking on 2-3 issues at a time. They perform their own data collection, root cause analysis, experiments, standardization and sustainment. Some highlights:

Patient Experience

The H/V Interventional Lab UBT reduced TAVR **set up time** by **50%** so patients and staff could come in later, and the Lab still saw 4 more cases per month.

Revenue

Labor

co-lead

The Pedi Clinic UBT tightened up their **charge capture** process, resulting in 50 more charges per month for an anticipated \$96K/yr

Quality

The Tri River UBT reduced unlabeled specimens sent to the lab by 67%

Access

The Benedict Primary Care UBT built standard work around walk-in patients, their biggest pain point: from Jan-April, 43% were seen within 1 hour, another 36% later that same day

What have we learned?

- Biggest barrier has been difficulty pulling frontline caregivers off the line to do measurement and improvement work
- UBTs can help translate system-wide priorities into department-level goals
- Co-leads and committee members demonstrated UBT potential as a leadership development tool
- · Managers grew considerably as leaders
- labor co-sponsors are trained in continuous one-to-one organizing; this framework fit that of continuous improvement
- UBTs provided place to address difficult to discuss social/cultural issues and concerns in a department
- Interest-based problem-solving skills proved critical early on in negotiating new relationships and ways of working
- UBTs often sought to improve difficult to measure issues

What's next for the UBTs?

- 2019 Contract reaffirmed joint commitment to UBTs and established funding to backfill staff participating in improvement efforts (approx. 0.25 FTE/dept)
- Launch 3rd cohort (12 more teams) in two waves with improved training
- Support 1st and 2nd cohort UBTs in selecting projects that align with system priorities
 - Build and deploy training for future UBT consultant/coaches

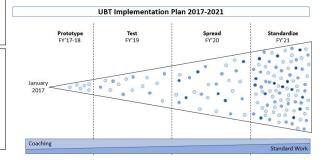
Engagement

We each bring our own piece of the puzzle to our UBT. We know our own piece well, but through the UBT are **learning to see the fuller picture** and work better together as a team.

-Mary, LPN

Our UBT has given our frontline staff a voice and the opportunity to problem-solve and **find solutions with each other**.

-Denise, manager



People are entitled to joy in work.
-W Edwards Deming



Our UBT is helping us take better care of our patients... and each other. And we're making it fun! -Rita, ambulatory service rep



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